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ABSTRACT

Early intervention can enhance the development of disabled infants and toddlers and reduce long-term education costs to society, but rural communities may be unable to provide coordinated early-intervention services that include quality child care. Barriers to rural service delivery include economic, geographic, and human-capital factors. Although preschool programs may be available, rural families have difficulty finding trained and affordable child care to assist in the carry-over of programming beyond the school environment. A project in rural Dawes County (Nebraska) aims to provide before- and after-school child care services to children aged 2-12 and currently labeled as developmentally disabled. Project strategies include interagency collaboration, use of trained professionals, and inclusion of family caretakers in project development and implementation. Services are provided at Chadron State College's (CSC) child development center, which employs professionals with teaching degrees in child development or human ecology and trained college students. A collaboration plan outlines the responsibilities of school districts, the area social services agency, the regional special-education planning commission, CSC child development center, and CSC education department. (SV)

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CHILD CARE FOR YOUNG CHILDREN WITH DISABILITIES

Americans are becoming more aware of the need to work with learners with disabilities during the critical early years. Failure to provide early learning experiences can lead to cumulative deficits that are more difficult and more costly to remediate at a later time. Programs such as Head Start have documented the long term benefits of early intervention (Hodgkinson, 1986). This has been confirmed by such research projects as the Perry Preschool Project (Schwinhart, & Weikart, 1980). According to the research, students involved in the project demonstrated significant gains by age fifteen and exhibited better achievement and motivation. Other research projects have documented the positive effects of early intervention on children who demonstrate various disabling conditions, including: Downs Syndrome (Hayden, & McGinness, 1977), and environmental deficits (Swift, Fine, & Beck, 1985). Long term effects include the inclusion of learners with disabilities and fewer special education service needs throughout schooling.

In fact, Garland, Swanson, Stone, and Woodruff (1981) calculated the cost of special education services provided to individuals with handicaps through age eighteen, if they received services beginning at: birth ($37, 273), age two ($37,600), age six ($46, 816), and age six with no movement towards complete mainstreamed service delivery ($53,430). The same study indicated that the cost of education per year increases with age:

$2,021 for programs beginning in infancy (0-2 years)
$2, 310 for programs beginning in preschool (3 to 6 years)
$4,445 for programs at the elementary and secondary levels.

The consequences of these and other studies are obvious. If learners receive services as soon as possible, their ability to participate in the regular classroom and independently in the community is enhanced. In addition, the long term cost for education is reduced (e.g., Fewell and Antley (1981) reported the total cost savings for twelve years of schooling per student was $29,608).

The need for intervention as early as possible was recognized by the federal government by the passage of Public Laws 94-142 and 99-457. In section 671 of the Education of the Handicapped Act Amendments of 1986, Congress found an urgent and substantial need to:

1. enhance the development of handicapped infants and toddlers and minimize their potential for development delay

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2. reduce education costs to society, including schools
3. minimize the likelihood of institionalization
4. enhance the families ability to deal with the needs of their children who exhibit disabiling conditions.

This has been recognized in the state of Nebraska with the passage of LB 701 in 1991 which examines the implementation of PL 99-457 and the recent consideration of LB 520 (Early Intervention Act).

Stephens, Peary, and Sanders (1988) identified a number of reasons rural communities, like those in the panhandle of Nebraska, may encounter difficulties in coordinating services:

1. pressure on the local economy
2. pressure on public services in rural areas to deliver needed and required services
3. lower population density
4. weakening rural infrastructure to deliver services
5. persistence of underdevelopment of human capital
6. persistence of poverty.

As a result of these factors (i.e., economic, educational, medical), learners who are disabled lack either the services deemed necessary for them to meet their ultimate potential. This may involve the carry-over of intervention services beyond the six hour school day. A coordinated approach utilizing all of the services available in the community appears to be essential for effective provision of services to learners with disabilities. This is especially imperative in the provision of quality child care services.

Recent headlines emphasize the child care problems in the United States. Child care has come to the forefront of family concerns in the nineties. The lack of quality child care or the arrangement of care may become a crisis for the caretaker who works. This is especially true if the child in need of child care is disabled (Vadasy, 1986). Specifically, two concerns may arise, (1) ability to locate specially trained and experienced child care for the child with disabilities and (2) the affordability of such child care (Vadasy, 1986).

The need to locate and offer trained and experienced child care is imperative if targeted and obtained gains in the development of the learner with disabilities are to be maintained. The carry-over of programming beyond the school environment and the need to extend training to natural environments is well documented (Horner, Dunlap, & Koegel, 1988). In order for behaviors to be maintained and generalized, training must occur within environments which include an adequately trained staff. This staff would implement the planned behavior change programs in a community of typical children. It has long been recognized that "early learning can correct or reduce environmental or developmental deficits" (Kershman, 1985).

This has been recognized by the administration on Developmental Disabilities in their vision of complete community inclusion (USDHHS, 1991). Without such efforts, behavioral gains may be mitigated through an inadequate system of carry-over.

The need for adequately trained child care staff to deal with the unique needs of the learner with disabilities is vital (Vadasy, 1986). Such staff offer the learner with disabilities the individual attention necessary to carry-over programming occurring in other environments. Such programming may increase the cost of child care services. As a result, caretakers may find the cost of quality child care prohibitive.

Project Description

The primary focus of the project is to meet the unique child care needs of learners aged two to twelve years who demonstrate disabling conditions and their families who reside in the Dawes County area of the Nebraska panhandle. Several problems have been encountered in trying to develop a coordinated child care program, including:

Problem 1: Lack of quality child care services for learners with disabilities and their families.
Problem 2: Lack of integrated child care services.
Problem 3: A paucity of trained professionals in the area of child care services.
Problem 4: Child care services do not offer programming in integrated settings.
Problem 5: Carry-over of programming and the meaningfulness of such programming may be limited to the specific setting.

Target Population

The child care project aims to provide services to a specific target population. The child care services are provided to learners currently labeled developmentally disabled. According to federal definition (PL95-602), "Developmental disability means a severe, chronic disability which (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency; and (e) reflects the persons's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of lifelong or extended in duration and are individually planned and coordinated." The child care services described herewithin are not employed to identify learners with developmental disabilities, rather they offer child care services to those individuals aged two to twelve years identified as exhibiting a developmental disability. Learners identified as developmentally disabled who

reside in the Dawes County area will be eligible for the child care services. Other Nebraska residents may be eligible for the described child care services; however, due to geographic constraints, may be unable to avail themselves of this service.

Project Overview

The project utilizes a three pronged strategy to solve the child care problems for families with learners who demonstrate disabilities in the Dawes County area. The first is interagency collaboration. Interagency collaboration is viewed at both the national and state level as central to the provision of effective and efficient services to learners with disabilities. These learners primarily receive services through individual agencies and services which are often few and far between. In addition, confusion often arises regarding the responsibilities of the various disciplines and agencies in serving learners. If a truly integrated service model of child care is to be developed, interagency cooperation is essential in identification, as well as service provision and planning. By establishing coordinated child care procedures, a basis for future cooperative encounters among agencies and personnel is providedfor the rural learner with disabilities. The proposed project develops a framework for coordinated child care services with a focus on learners who are disabled. It is estimated that approximately seven to ten learners under the age of twelve years and their families may benefit from such a service. The paucity of such a program has caused the effect of fragmented child care and intervention efforts to be limited. This lends support to the need for the funding of this project. Second, the project aims to provide carry-over of programming by trained child care professionals. Such programming is planned and implemented in coordination with the other agencies, including but not limited to, school officials, health care professional, and caretakers. The last strategy is to offer quality child care services which includes meeting the needs of the whole family. This means the inclusion of caretakers in the development and implementation of child care services.

Goals

The project has targeted several goals to insure quality child care for learners with disabilities and their families. These include:

1. to develop a management plan for delivery of child care services to learners with disabilities and their families (this involves coordination of staff and staff training to insure children and families receive the services they need)
2. to identify learners with disabilities and their families aged two to twelve years in need of before and after school child care and to increase the quality of child care services provided to these learners with disabilities and their families (specifically, this goal involves working with cooperating agencies to identify children in need of services and to coordinate child care services with those agencies)
3. to provide child care services to learners with disabilities and their

families, and increase awareness of effective child care programs for learners with disabilities and their families (included in this goal are activities which center around the training of professionals on topics demonstrating what child care is and what it is not, and how the child care project works with other agencies)

4. to evaluate the project impact (this involves evaluating the impact of the project among its participants, including learners, parents, staff, and cooperating professionals).

Resources

Chadron State College (CSC) is a publically funded institution of higher education. Its mission has evolved from its heritage as a state normal school created primarily to prepare teachers to its present role as the only four-year college serving the western half of Nebraska, a rapidly changing and developing rural region. CSC offers the project the resources and facilities to complete the outlined project. The CSC Child Development Center is state licensed and nationally accredited by the National Association for Education of Young Children Child Care Program. It offers children between the ages of two and twelve years a developmentally appropriate, an active learning, and a practical problem solving environment for natural learning.

Each of the four main staff members who work with the children have a teaching degree in Child Development or Human Ecology. All other staff hired are college students who are interviewed and screened for special skills, talents, and career goals in Elementary Education, Special Education, Child Development, and/or Human Ecology. They are also required to meet state licensing requirements which include a health exam, free from conviction, references, and read a staff handbook thoroughly. They attend weekly staff training sessions which focus on topics relative to working with children on an individual basis meeting their unique, developmental, and specific needs.

Interagency Collaboration

The project is designed to incorporate all agencies which work with and for the interest of learners with disabilities. All agencies have committed their support to the project with the unique services they offer. They include, but are not limited to facility usage, referrals, health exams and screenings, testing, coordination of training, resources, professional expertise, assessment, and general support through networking to build a unified community approach to meeting the needs of learners with disabilities.

The project will coordinate a variety of existing agencies and programs which currently exist in Dawes County at this particular time as well as build a better support network among professionals, learners with disabilities, and their families.

At this time, the following plan which demonstrates collaboration with existing agencies and/or coalition for support services, referrals, and information has been developed to further display the project's goals and objectives. Interagency cooperation includes:

Agency/Program	Collaboration Plan
Chadron City Schools Dawes County Rural Schools	* Referral of names of learners with disabilities * Coordination of resources, assessments, evaluations, training for staff and parents, professional talents and education resource materials
Northwest Community Action Nebraska Department of Social Services	* Referral of clientele * Health services on an individual need basis and referral as needed * Coordination of resources, training components, networking of community services for children and families, and professional expertise
Region 12 Special Education Planning Commission	* Professional knowledgeable and supportive of developmental disabilities requirements * Network of professionals supporting and assisting other professionals on the project * Regional knowledge and background regarding current trends in service delivery
Chadron State College Child Development Center	* Developmentally appropriate environment for child care services * Professional staff * Training for staff and parents * Curriculum materials and resources * Time, energy, and professional expertise * Assistance with networking and collaboration among agencies * Referral for services

Chadron State College Education Department	* Secretarial assistance * Support of faculty, course offerings, students, opportunity for field experiences * Professional faculty for assistance with training, assessment, evaluation, resources, and curriculum * Assistance with networking and collaboration among agencies * Referral for services

It should be noted all agencies have worked together in the past and continue to work for the best interest of the individual learners involved in this project. The agencies are committed to the importance of buiding a unified program for learners with disabilities and their families. To insure the success of the project, cooperative funding through the Nebraska Department of Health Developmental Disabilities Project and Chadron State College have allowed the Child Development Center and college faculty time to spend on the project.

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